Book	Policy Manual
Section	4000 - Personnel Certified/Non-Certified
Title	Discrimination Complaint Form
Code	4118.011-F
Status	Active
Adopted	October 1, 2017

DISCRIMINATION COMPLAINT FORM

(For complaints based on race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability (including pregnancy), genetic information, veteran status or gender identity or expression)

Name of the complainant _____

Date of the complaint _____

Date of the alleged discrimination/harassment _____

Name or names of the discriminator(s) or harasser(s) _____
_____

Location where such discrimination/harassment occurred _____
_____

Name(s) of any witness(es) to the discrimination/harassment Detailed statement of the circumstances constituting the alleged discrimination or harassment

_____

_____

_____

_____

Proposed remedy:_____

_____